

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>183</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>266</u>
Town of <u>Miami</u>	No. <u>604 Line 10a</u>		Local Registrar No. _____
or _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		St. _____ Ward _____
City of _____	2. Full name of child <u>Benjamin Amayo</u>		If child is not yet named, make supplemental report, as directed.
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>yes</u>
6. Date of birth <u>Mar. 29-1924</u>	7. Month <u>Mar</u> Day <u>29</u> Year <u>1924</u>	8. FATHER	14. MOTHER
8. Full name <u>Alfred Amayo</u>	9. Residence (Usual place of abode) <u>Miami Ariz.</u>	14. Full maiden name <u>Maria Jesus Montano</u>	15. Residence (Usual place of abode) <u>Miami Ariz.</u>
10. Color or race <u>Mex</u>	11. Age at last birthday <u>30</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>25</u> (Years)
12. Birthplace (city or place) <u>Sonora Mex.</u>	13. Occupation <u>Miner</u>	18. Birthplace (city or place) <u>Sonora Mex.</u>	19. Occupation <u>Housewife</u>
20. Number of children of this mother (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>2</u> (c) Stillborn _____	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>2 A. M.</u> on the date above stated.			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.			
Signature <u>Cyril M. Brown M.D.</u>		(Physician or midwife)	
Address <u>Miami, Arizona</u>			
Given name added from a supplemental report _____		Month, day, year.	
Registrar.		Filed <u>Mar 31, 1924</u> <u>C.E. Dyer</u> Local Registrar.	
		Filed <u>4-5-24</u> <u>R.S. Sica</u> County Registrar.	

916-329-441